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LAW, AFFIRMATIVE LITIGATION  
DIVISION

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

AMERICAN FEDERATION OF  
GOVERNMENT EMPLOYEES, AFL-CIO, *et*  
*al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as  
President of the United States, *et al.*,

Defendants.

Case No. 3:25-cv-03698

**DECLARATION OF DR. OLUSIMBO IGE  
IN SUPPORT OF PLAINTIFFS' MOTION  
FOR TEMPORARY RESTRAINING  
ORDER AND PRELIMINARY  
INJUNCTION**

**DECLARATION OF DR. OLUSIMBO IGE**

I, Olusimbo Ige, declare:

1. I am a resident of the City of Chicago (“City” or “Chicago”) in the State of Illinois. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

2. I currently serve as Commissioner of Chicago’s Department of Public Health (“CDPH”). I have held this position since December 2023. Before my appointment as CDPH Commissioner, I served as the Managing Director of Programs at the Robert Wood Johnson Foundation. There, I oversaw partnerships with health organizations nationwide working towards making public health and health care systems accountable and equitable. Previously, I served as the Assistant Commissioner for the New York City Department of Health and Mental Hygiene, where I provided oversight to a wide range of programs, including New York City’s pandemic response, food security programs, housing and health initiatives, mental health programs, violence prevention, and the Public Health Corps initiative.

3. I have a Bachelor of Medicine and Surgery and a Master of Science degree in Epidemiology and Biostatistics from the University of Ibadan in Nigeria. I received a Public Health Master’s degree from the University of Manchester in the United Kingdom.

4. As Commissioner of CDPH, I make strategic decisions, in collaboration with the Mayor’s Office and stakeholders across the City, to manage public health threats; design and deliver disease control services; and protect the food, air and environment for 3 million Chicago residents. I serve as a liaison and subject matter expert on all related policy matters, and use of authorities and resources to promote and protect public health. I have built and currently manage an executive team of ten professionals, a budget of \$750M, and approximately 760 employees, with a dedication to sustaining a strong public health workforce and capacity.

5. CDPH relies on and works collaboratively with multiple federal departments and agencies to protect and promote public health and welfare and to protect the environment in Chicago. I am deeply concerned about the impact of reductions in the federal workforce, particularly

those at U.S. Department of Health and Human Services (“HHS”) and its Centers for Disease Control and Prevention (“CDC”), as well as reductions in the science, engineering, and environmental policy workforce at U.S. Environmental Protection Agency (“EPA”). Reductions in staffing at these departments and agencies, including the wholesale closing of certain programs, will have devastating effects on CDPH’s ability to safeguard the health of Chicago residents, to prevent and mitigate the spread of diseases, and to protect and improve the environment. I discuss by way of example only a handful of these effects below.

### **Harms Related to Reorganization of U.S. Department of Health & Human Services**

6. CDPH relies on CDC for epidemiological support, technical assistance, and laboratory support across several programmatic areas, including disease prevention, outbreak detection, rapid testing capabilities, vaccination education and community outreach.

#### ***CDPH Collaboration with CDC on Infectious Disease Control***

7. On March 7, 2024, CDPH confirmed a case of measles in a one-year-old child residing in a temporary congregate living facility. Measles is highly transmissible, especially in a congregate setting, and, prior to the outbreak, the facility’s approximately 2,100 residents had low measles vaccination rates.

8. Upon discovery of the measles case, CDPH immediately instituted outbreak investigation and response activities in collaboration with state and local partners, such as the Illinois Department of Public Health (“IDPH”), Cook County Health and Hospital Systems, and other local health care providers and hospitals. CDPH and IDPH reached out to the CDC for assistance as soon as the outbreak incident began.

9. Within 24 hours, the CDC’s National Center for Immunization and Respiratory Diseases (“NCIRD”) sent an “Epi-Aid,” a small group of subject matter experts to provide on-site assessment and recommendations for outbreak control. In addition, data scientists from CDC’s Center for Forecasting and Outbreak Analytics (“CFA”) and NCIRD quickly utilized sophisticated data modeling and analytics to determine the likely origin and size of the outbreak, as well as recommend the most effective response.

10. Based on the guidance that the Epi-Aid and the CFA’s models provided to CDPH, the

1 City and its state and local health partners administered over 882 doses of the measles vaccine in just  
 2 72 hours. CDC data indicates that if this rapid response had not occurred, the outbreak may have  
 3 been at least four times larger.<sup>1</sup>

4 11. With the support of the CDC's NCIRD, thousands more doses of the measles vaccine  
 5 were administered through March, April, and May of 2024. The measles outbreak resulted in 57  
 6 confirmed cases and was fully controlled as of May 13, 2024.

7 *Collaboration between CDPH and the CDC's*  
 8 *National Center for HIV, Hepatitis, STD, and TB Prevention*

9 12. Another way that CDPH relies upon CDC expertise and guidance is in its efforts to  
 10 address syndemic infection diseases. CDPH's Syndemic Infectious Disease Bureau provides, in  
 11 general, three types of services: (1) HIV care and treatment; (2) HIV pre-exposure prophylaxis; and  
 12 (3) supportive services for affected populations, including mental health support, substance use  
 13 disorder treatment, and access to housing.

14 13. CDPH has long collaborated with the CDC's Division of HIV Prevention ("DHP")  
 15 within the National Center for HIV, Hepatitis, STD, and TB Prevention ("National Center") to  
 16 gather data related to the spread of HIV. CDPH and DHP's collaboration is memorialized through  
 17 cooperative agreements governing case surveillance, data sharing and data collection practices.

18 14. In turn, CDPH relies on DHP's analysis of this data, as well as other national HIV  
 19 surveillance data, to appropriately direct its HIV care and prevention services across vulnerable  
 20 populations.

21 15. The Behavioral and Clinical Services Branch of DHP has recently been eliminated,  
 22 leaving CDPH without the data and expertise it relies upon to ensure it is deploying its HIV  
 23 prevention and treatment resources effectively.

24 16. Further, for decades, CDPH has relied upon three embedded public health advisors  
 25 from the National Center's Division of STD Prevention's Disease Intervention and Response Branch  
 26 ("DIR Branch") to provide real-time insight and guidance in response to outbreaks or clusters of

27  
 28 <sup>1</sup> See "Behind the Model: How Disease Modeling Supported Decision-Making in a Local Measles  
 Outbreak Response," CDC CFA Behind the Model, July 1, 2024, <https://perma.cc/3X39-8R25>.



1 sexually transmitted infections occurring in Chicago and surrounding counties. These federal  
2 employees are experts in case investigation, contact tracing, and data analysis, and have helped  
3 CDPH effectively intervene to prevent infections from spreading more widely.

4 17. The federal employees of the DIR Branch also recognize when it is crucial to bring in  
5 other specialized experts from the federal government. Indeed, those employees recently called in  
6 additional federal support during a Chicago-area outbreak of Mpox, providing invaluable  
7 coordination, support and expertise to support CDPH's response. For decades, DIR Branch  
8 employees were the first federal employees on the ground during STD outbreaks and have played a  
9 vital role in outbreak response; DIR Branch, too, has been eliminated in the recent reductions in  
10 force at HHS.

11 ***CDPH Reliance on Pregnancy Risk Assessment Monitoring System***

12 18. CDPH relies on the research and data performed by the Pregnancy Risk Assessment  
13 Monitoring Systems ("PRAMS") team to assist in its maternal health work. Without PRAMS, the  
14 data it collects, and the research it performs, CDPH will lose Illinois-specific data on maternal and  
15 infant health, including data that guides CDPH's communications with the public on safe sleep,  
16 promotion of breastfeeding, and outreach related to under-utilization of supplemental nutrition  
17 programs for women, infants, and children (WIC). Data collection and data quality for 2024 and  
18 2025 have already been impacted by the suspension, and likely elimination, of PRAMS.

19 19. Further, CDC has recently been working on local-level data analysis using PRAMS  
20 data, that would have provided CDPH with guidance specific to maternal health trends in Chicago.  
21 With the elimination of CDC's PRAMS team, this locality-specific data analysis will not continue.

22 20. Moreover, the PRAMS automated research file ("ARF") portal has been closed,  
23 cutting off CDPH's access to existing PRAMS data, and inhibiting its efforts to integrate that data  
24 into its local programs.

25 ***HHS's Workforce Supporting Community Health***

26 21. CDPH and community health centers in Chicago rely heavily on the support provided  
27 by the Health Resources and Services Administration ("HRSA") to maintain essential services for  
28 underserved communities. There are more than 20 Federally Qualified Health Center Networks

1 across 150 clinics in Chicago, serving thousands of residents.

2 22. Reductions in staffing at the HRSA will lead to a reduction in the availability of  
3 federal support to Federally Qualified Health Centers, including by limiting access to funding  
4 through HRSA, and reducing health centers' access to medical, dental, and behavioral health  
5 providers through the National Health Service Corps.

6 23. CDPH works collaboratively with Federally Qualified Health Centers to improve  
7 public health and increase access to essential health services for those in communities least able to  
8 access necessary medical care. CDPH will continue to provide these services, but lacks the capacity  
9 to replace the invaluable funding, programmatic, and staffing support that HRSA provides to  
10 Federally Qualified Health Center networks.

11 **Harms Related to Reorganization of the Environmental Protection Agency**

12 ***Collaboration between CDPH Office of Environmental Permitting and Inspection and EPA***

13 24. As part of its broad public health mission, CDPH's mission includes protecting the  
14 environment by reducing the environmental hazards that affect community health, safety, and quality  
15 of life. CDPH's Office of Environmental Permitting and Inspection's ("OEPI") responsibilities  
16 include (a) actions to improve the City's environment, in partnership with community members; (b)  
17 permitting and/or review of equipment, industrial operations, and buildings undergoing demolition  
18 or renovation, to ensure compliance with environmental and public health law; (c) inspections of  
19 sites to monitor compliance with City, state and federal regulations that address threats to air, water,  
20 and land; and (d) protecting residents and visitors from exposure to hazardous materials and  
21 pollutants by cleaning up contaminated sites, monitoring major events for environmental threats and  
22 collecting household materials and electronic waste.

23 25. All of OEPI's activities rely on the expertise and scientific support of EPA's  
24 scientists and engineers, including toxicologists, biologists, chemists, geologists, and removal and  
25 remediation specialists. As the country's third largest city, with more than a century as the  
26 Midwest's commercial and industrial center, CDPH's work with and dependence on EPA's Regional  
27 Response Team saves lives and protects the environment, particularly with respect to legacy  
28 contamination.

1           26.     In 2019, CDPH inspected a metals plating facility that had operated in a mixed  
2 residential-industrial area in Chicago since 1945, after the facility was shut down for violating  
3 Chicago's fire and building codes. During CDPH's inspection, the agency discovered improper  
4 chemical storage, improper cyanide chemical management, and overall facility disrepair. CDPH also  
5 noted numerous plating vats, totes, and containers in poor condition that contained unknown  
6 chemicals.

7           27.     CDPH promptly referred the matter to EPA, seeking assistance in addressing the  
8 dangerous conditions at the site. EPA completed an assessment of the facility, including  
9 inventorying chemicals and sampling the materials. EPA found that hazardous substances, including  
10 caustic and acidic liquids, cyanide and heavy metals, were present in vats and in floor debris  
11 throughout the facility's multiple buildings. In March 2022, after the owner refused access, EPA  
12 filed for a warrant through the US Department of Justice to start a time-critical removal and  
13 remediation action. EPA's specialists conducted further assessments, analyses of chemicals, and  
14 removed and properly disposed of the complex set of hazardous materials found at the site. EPA  
15 completed this removal action in May 2023.

16           28.     The highly trained scientists and engineers at EPA quickly accomplished what CDPH  
17 did not have the capacity or expertise to execute. They were immediately available and recognized  
18 and removed the hazards safely. Chicago and its residents faced the risk of exposure to highly toxic  
19 materials; EPA's quick and thorough action, in response to CDPH's request for assistance,  
20 undoubtedly saved lives.

21                           ***EPA Emergency Response During Air Quality Event***

22           29.     In another recent experience, CDPH called upon EPA's assistance when, during a  
23 planned demolition, an industrial structure unexpectedly collapsed, spewing dust and debris into the  
24 neighboring residential community.

25           30.     CDPH sought EPA's expertise, as well as access to EPA's specialized air quality  
26 testing equipment, in order to determine whether the community must evacuate, as well as whether  
27 continuing the demolition would produce unsafe air quality. EPA immediately responded to CDPH's  
28 call for assistance, providing real-time air quality data and information to assess the situation and

1 reassure the community.

2 31. The planned reduction in force at the EPA threatens CDPH's ability to obtain  
3 immediate information and advice.

4 I declare under penalty of perjury under the laws of the United States of America that the  
5 foregoing is true and correct.

6 Executed on April 29, 2025 at Chicago, Illinois.



7  
8  
9 Dr. Olusimbo Ige